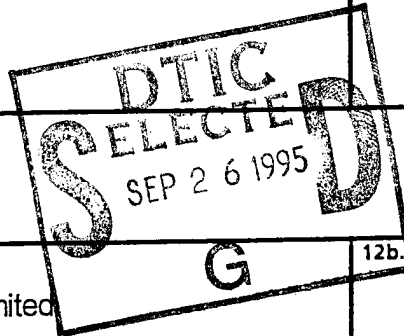


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The Effect of Responses to Sexual Harassment on Depression

Margaret A. Moore
US Army Medical Research Unit-Europe and
The University of Maryland-European Division

Thomas W. Britt
US Army Medical Research Unit-Europe

Dave Bassan
US Army- Europe

Paul T. Bartone
US Army Medical Research Unit-Europe

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Abstract

This study examined the relationship between sexual harassment and depression as a function of the actions that women took in response to the harassment. Active duty military women, DOD-employed civilian women, and military and civilian spouses ($N = 1767$) responded to a survey on quality of life and work issues distributed to personnel throughout the US Army-Europe (USAREUR). Overall, women who reported that they had experienced sexual harassment since their arrival to USAREUR showed significantly higher levels of depression than women who reported that they had not experienced harassment. However, this was true only for women who minimized the significance of the incident, attempted to keep the harassment to themselves, believed that their complaint would be ignored, or reported the harassment but were unaware of the outcome. These findings are discussed in terms of how women's perceptions of the organizational climate and grievance process may influence the actions they take in response to sexual harassment, resulting in differential mental health outcomes.

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Note: The views of the authors do not necessarily reflect those of the Department of the Army or the Department of Defense (para 4-3, AR 360-5). All correspondence should be addressed to Margaret Moore, US Army Medical Research Unit-Europe, Unit 29218, Box 104, APO AE 09102. E-mail: moorem@heidelberg-emh2.army.mil

Introduction

Research shows that sexual harassment remains a significant problem in most military and civilian organizations (Bravo & Cassedy, 1992; Culbertson & Rosenfeld, 1994; Firestone & Harris, 1994; Gutek, 1985; Martindale, 1990). Heightened awareness of the severity of the problem for the victims themselves, as well as the organizations in which they work, has led some organizations to increase their efforts to combat sexual harassment. Recognizing sexual harassment as a critical organizational issue, the Department of Defense (DoD) has taken efforts to measure the prevalence of sexual harassment, understand the physical, psychological, and economic costs of harassment, make policy amendments, and enact sexual harassment prevention training. Given the major role that women play in today's military and the promise of increased integration and expanded roles for women in the future, it is imperative that such efforts lead to actual decreases in sexual harassment and assurance that formal grievances will be taken seriously and handled fairly. Unfortunately, previous research has indicated that the chain of command may still not be a feasible avenue through which to deal with sexual harassment due to the sizable percentage of supervisors who either do not use their power, and thereby engage in complicity, or abuse their power by engaging in perpetration themselves (Martindale, 1990).

The severe negative consequences of perpetuating this form of interpersonal victimization in the workplace are well-documented. We know that victims of sexual harassment can experience increased stress and physical illness, reduced job performance and satisfaction, economic hardship, and a wide range of emotional reactions, from self-blame and low self-esteem to severe depression (Bravo & Cassedy, 1992; Firestone & Harris, 1994; Gutek & Koss, 1993; McGrath, Keita, Strickland, & Russo, 1990). In turn, the employing organizations may suffer loss of productivity, lowered morale and retention, increased absences, as well as the additional cost of legal fees (Bravo & Cassedy, 1992; Firestone & Harris, 1994; Gutek & Koss, 1993). It is likely that women who have been sexually harassed will experience different psychological reactions in response to their victimization depending upon how they perceive the institution will respond to their ordeal. Women who perceive the military organization as viewing harassment as unacceptable and handling complaints and grievances effectively respond differently than women who view their supervisors as supporting sexual harassment or the institution as unofficially condoning it. The latter may be more likely to keep the experience to themselves, withdraw from co-workers, family and friends, and suffer a variety of depressive symptoms. The present research examined the association between women's depressive symptomatology and the experience of sexual harassment, reasons for not reporting sexual harassment and the outcome of reporting sexual harassment.

Method

Participants

Participants were 1767 women who responded to the 1993 USAREUR (United States Army-Europe) Personnel Opinion Survey (UPOS) that was administered to 22,000 military and civilian individuals in Europe who were identified using personnel system files. The respondents were active duty military soldiers, DOD-employed civilians and military and civilian spouses. The average age of participants was 32.7 years old, and 63% of the women identified themselves as White, 22% as Black, 6% as Hispanic-American, 3% as Asian-American/Pacific Islander and 3% as other. The majority of respondents were married (80%) and had at least some college education (82%).

Data Collection

Individuals were mailed the UPOS survey, assured that their responses were completely confidential, and were asked to mail back the survey in an attached envelope. The response rate of 35% is consistent with previous years. In addition to sexual harassment and discrimination experiences, the survey assessed a variety of other quality of life and health and work-related issues. The official DoD definition of sexual harassment (Department of Defense, 1988) that follows was provided.

Sexual Harassment is a form of discrimination that involves unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when such conduct is made either explicitly or implicitly, a term or condition of a person's job, pay, or career; is used as a basis for career or employment decisions; interferes with an individual's performance or creates an intimidating, hostile, or offensive environment.

Individuals were asked whether or not they had been sexually harassed since their arrival in Europe, where the incident(s) occurred, the form of sexual harassment they experienced (i.e. physical touching, verbal harassment), the identification of the perpetrator by rank, and whether they reported the last incident to the chain of command or other authority. Participants who indicated that they had experienced sexual harassment yet did not make a formal complaint were asked to indicate why they did not report the incident, and participants who did make a formal complaint were asked about the outcome. Finally, individuals were asked to what degree they agreed with three statements regarding the effectiveness of the chain of command in taking action against sexual harassment.

Depression was measured using a seven-item version of Radloff's (1977) Center for Epidemiologic Studies-Depression Scale (CES-D), which measures depression according to how many days a week individuals report experiencing depressive symptoms (e.g., I felt sad; I couldn't shake the blues; I felt that everything I did was an effort).

Results

Although both women and men completed the UPOS, we chose to focus only on women in the present study. Thirty-six percent of the women who completed the survey indicated that they had experienced sexual harassment, compared to only 10% of the men. The majority of women who indicated that they had experienced sexual harassment described the harassment as verbal in nature (e.g., sexual slurs), with the next common forms of harassment involving indecent actions or gestures and physical touching, and the least common form of harassment involving sexual contact. Most of the women reported being harassed by an enlisted soldier or a DOD-employed civilian. Interestingly, 31% of the women surveyed reported that they did not know if the US Army chain of command takes action against sexual harassment and 18% disagreed or strongly disagreed with this statement. Moreover, although 85% of women agreed with the statement that sexual slurs, jokes and comments have an impact on a person's ability to perform their job, 30% did not know whether the chain of command would take action against the use of sexually explicit language and 33% of women disagreed or strongly disagreed that the Army would take action in such situations.

Primary Analyses

An analysis of variance indicated a significant effect for sexual harassment on depression, $F(1, 1684) = 22.60, p < .001$, with those women reporting sexual harassment having higher levels of depression ($M = 1.57$ days per week) than those who did not ($M = 1.21$ days per week). However, we were also interested in examining how responses to the harassment influenced depression. Individuals who reported the incident to the chain of command were asked to indicate if they were "not aware of the results," "something was done," or "nothing was done." Those who did not report the incident were asked if they "handled it myself," "didn't think anyone would do anything about it," or "it was a minor incident and didn't really bother me." We created a new independent variable with these six groups and a seventh being those who did not report sexual harassment. An analysis of variance indicated a significant effect for this variable on depression, $F(6, 1597) = 5.04, p < .001$. The means for the various groups are presented in Table 1.

Follow-up comparisons compared the means of the six groups who experienced sexual harassment to the control group of women who did not experience harassment. As seen in Table 1, the groups who differed significantly from the control group (women who did not report sexual harassment) were those who were uncertain of the outcome of their report, handled it themselves, believed that their complaint would be ignored, or said it was only a minor incident, with the latter group experiencing the highest level of depression.

Conclusion

The present results support previous work showing that sexual harassment is related to depression, but illustrates that this relationship may be influenced by the actions that women take in response to the harassment. Reporting the harassment appears to protect women from depression as long as they are aware of the action that was taken. However, waiting for the outcome of their complaint appears to be a troubling time for women who formally report harassment in that they may experience up to twice as many days per week of depressive symptoms relative to women who have not been harassed.. The large number of women from this sample who chose to keep the incident to themselves, a common response that may stem from embarrassment and confusion about their experiences, fear of not being believed, fear of humiliation if one were to have to describe offensive events to others, anticipated invalidation and minimization even from close friends and family members, and fear of reprisal did not fare much better with regard to the frequency of depressive symptoms (Bravo & Cassedy, 1992). Women who chose not to formally report their experience of sexual harassment because they believed that their complaint would be ignored also experienced greater frequency of depressive symptoms. This belief may develop as a result of observing sexual harassment being ignored in the workplace and one's own or other women's complaints dismissed.

The highest level of depression was observed for women who attempted to minimize the significance of the sexual harassment they experienced by claiming that it was only a minor incident and did not really bother them. This finding appears to reflect a form of "internalized oppression," whereby women may come to view gender-based discrimination as both an inevitable and acceptable aspect of the work environment. This finding is important in that it suggests that the ideologies and attitudes of an organization with regard to sexual harassment and sexual inequality may have a profound influence in conditioning, or at least perpetuating, women's own beliefs that they are somehow undeserving of validation and equal treatment.

These findings confirm the profound impact that sexual harassment has on the mental health of women. Moreover, they suggest important challenges in the areas of prevention and treatment. Regarding treatment, clinicians are advised to inquire regularly about sexual harassment in the lives of the depressed clients with whom they work and be prepared both at a personal and professional level to validate the reality of sexual harassment, empower women with alternatives, and advocate at both the institutional and societal level to eradicate the still dominant attitudes that serve to victimize working women. With regard to primary prevention, immediate and extensive efforts at making attitudinal changes among leadership and changes in the organizational culture must accompany sexual harassment prevention training, zero-tolerance policies, and consistent disciplinary procedures (Culbertson & Rosenfeld, 1994). As women enjoy new career opportunities never before available to them due to lifted restrictions in the military, they must be guaranteed a work environment that does not breed depressive symptomatology through inequality.

Table 1

Depression as a Function of Responses to Sexual Harassment

<u>Condition</u>	<u>Mean Depression Score</u>	<u>SD</u>	<u>N</u>
Reported Harassment			
Outcome Uncertain	2.07*	1.77	26
Action Taken	1.33	1.35	40
No Action Taken	1.45	1.55	52
Did Not Report Harassment			
Handled it Myself	1.57*	1.63	176
Would be Ignored	1.59*	1.61	59
Only a Minor Incident	2.12*	1.92	23
Not Harassed	1.21	1.31	1242

Note. Means with an asterisk (*) differ significantly from the not harassed, control group, $p < .05$.

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